

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155764		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 04/14/2011	
NAME OF PROVIDER OR SUPPLIER  SPRING MILL HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP CODE 101 W 87TH AVE MERRILLVILLE, IN46410			
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R0000	<p>This visit was for the Investigation of Complaint IN00087805.</p> <p>Complaint IN00087805 substantiated. State residential deficiencies related to the allegations are cited at R 214 and R 349.</p> <p>Survey dates: April 13 &amp; 14, 2011</p> <p>Facility number: 010739 Provider number: 155764 AIM number: N/A</p> <p>Survey team; Kathleen (Kitty) Vargas, RN</p> <p>Census bed type: SNF: 29 Residential: 55 Total: 84</p> <p>Census payor type: Medicare: 25 Other: 59 Total: 84</p> <p>Sample: 5</p> <p>These state residential findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed 4-15-11 Cathy Emswiller RN</p>			R0000	<p>The submission of this Plan of Correction does not indicate an admission by Spring Mill Health Campus that the findings and allegations contained herein are accurate and true representations of the quality of care and services provided to the residents of Spring Mill Health Campus. This facility recognized it's obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The facility hereby maintains it is in substantial compliance with the requirements of participation for comprehensive health care facilities (for Title 18/19 programs). To this end, this plan of correction shall serve as the credible allegation of compliance with all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statute only. We respectfully request paper compliance related to this plan of correction.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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R0214	<p>(a) An evaluation of the individual needs of each resident shall be initiated prior to admission and shall be updated at least semiannually and upon a known substantial change in the resident's condition, or more often at the resident's or facility's request. A licensed nurse shall evaluate the nursing needs of the resident.</p> <p>Based on observation, record review and interview, the facility failed to ensure the resident's service plan was followed by the nursing staff, related to the lack of using a body pillow as a falls prevention device for 1 of 3 residents reviewed for falls in a sample of 5. (Resident #E)</p> <p>Finding includes:</p> <p>Resident #E was observed on 4/13/11 at 12:50 p.m. in the Legacy Lane dining room eating lunch.</p> <p>The record for Resident #E was reviewed on 4/13/11 at 2:15 p.m. The resident had diagnoses that included, but were not limited to, Alzheimer's dementia and depression.</p> <p>The form titled "Evaluation and Service Plan" and dated 2/13/11, was reviewed. The Service Plan indicated the resident was to have a night light and a body pillow when in bed.</p>			R0214	<p>1. Resident #E received a body pillow during the time of the survey. There was no negative outcome noted.2. Current service plans will be reviewed for accuracy and nursing staff implementation. Changes or updates to service plans will be made accordingly and communicated to nursing staff by Unit Manager or designee. A form will be developed to communicate specific interventions that need to be followed by nursing staff.3. Nursing staff will be re-inserviced on following service plans and utilization of new form by Unit Manager or designee.4. Random rounds for following service plans will be conducted by nurse or designee at least 3x's per week for 30 days or 100% compliance. Interdisciplinary team will review in monthly QA for trends and compliance. Recommendations will be made by QA team if compliance is not at 100%.</p>		05/14/2011

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	<p>There was a form titled "Fall Circumstance, Assessment and Investigation" that was dated 3/14/11. It indicated the resident had a fall in her room at 5:50 a.m. The prevention update section indicated a body pillow was to be used to prevent further falls. The IDT (Interdisciplinary Team) reviewed the prevention update, the use of the body pillow, and indicated it's use to be an appropriate measure to maximize safety. The IDT reviewed the plan on 3/14/11. There was no indication that the body pillow was in place at the time of the fall on 3/14/11.</p> <p>A "Fall Circumstance, Assessment and Investigation" form that was dated 4/1/11 was reviewed. It indicated the resident had a fall at 10:45 p.m. in her room, it indicated she had rolled out of her bed. There was no indication that the resident had the body pillow in place at the time of the fall.</p> <p>Observation on 4/13/11 at 12:45 p.m. indicated there was no body pillow in the resident's room. Continued observations on 4/13/11 at 2:35 p.m. and on 4/14/11 at 8:10 a.m. indicated there was no body pillow on the resident's bed or in the resident's room.</p>						

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	<p>Interview with the Unit Manager on 4/14/11 at 8:20 a.m. indicated there was no body pillow on the resident's bed or in the resident's room. She also indicated she had never seen the resident's body pillow.</p> <p>CRCA (Certified Resident Care Assistant) #1 was interviewed on 4/14/11 at 8:25 a.m. She indicated that she had never seen the resident's body pillow. She indicated she was very familiar with all the residents on the unit as there were only 7 residents residing on the unit currently.</p> <p>Interview with the ADON (Assistant Director of Nursing) on 4/14/11 at 10:45 a.m. indicated she had signed the IDT review dated 3/14/11. She indicated that a body pillow was to be obtained for the resident to use when in bed. She also indicated she was not aware if the body pillow had ever been obtained for the resident.</p> <p>Interview with the Unit Manager on 4/14/11 at 11:05 a.m. indicated she had spoken to a staff member who indicated there was a plaid body pillow at one time in the resident's room, she also indicated that the staff member did not know the location of the body pillow at this time.</p> <p>The rehab progress note dated 4/14/11 was reviewed. The note indicated "Nsg</p>						

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R0349	<p>(nursing) informed resident's body pillow is missing and requested side bolster from therapy. Positioning bolster put on bed in resident's room. Resident up in dining room."</p> <p>Interview with the ADON on 4/14/11 at 12:15 p.m. indicated the resident should have had the body pillow in use as indicated on the resident's service plan.</p> <p>This State Residential finding relates to Complaint IN00087805.</p> <p>(a) The facility must maintain clinical records on each resident. These records must be maintained under the supervision of an employee of the facility designated with that responsibility. The records must be as follows: (1) Complete. (2) Accurately documented. (3) Readily accessible. (4) Systematically organized.</p> <p>Based on record review and interview, the facility failed to ensure resident's records were complete and accurate related to falls for 1 of 5 records reviewed in a sample of 5. (Resident #B)</p> <p>Finding includes:</p> <p>The record for Resident #B was reviewed on 4/13/11 at 10:15 a.m. The resident had diagnoses the included, but were not</p>			R0349	<p>1. There was no negative outcome noted as a result of the missing fall circumstance form. Resident #B was sent to the hospital prior to form being completed.2. Current residents have potential to be affected by alleged deficient practice related to incomplete records.3. Nurses will be re-inserviced on Falls Management Program Guidelines by Unit Manager or designee. 4. All Accident/Incident forms will be reviewed by clinical team on next</p>		05/14/2011

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	<p>limited to, Alzheimer's Disease, hypertension and anxiety.</p> <p>The ADON (Assistant Director of Nursing) provided a list of resident's who had fallen in the past 2 months. Review of the falls list indicated Resident #B had fallen on 3/1/11, 3/16/11, 4/3/11 and 4/8/11. Review of the record indicated there were forms titled "Fall Circumstance, Assessment and Intervention" that were dated 3/1/11, 4/3/11 and 4/8/11. There was no "Fall Circumstance, Assessment and Intervention" form completed for the resident's fall that occurred on 3/16/11. Review of the nursing progress notes indicated there was no documentation of the resident's fall or the assessment of the resident after she fell on 3/16/11.</p> <p>There was a Hospital History and Physical in the record that indicated the resident had been admitted to the hospital on 3/16/11. The History and Physical indicated the resident was admitted to the hospital for further evaluation, status post fall. The resident remained in the hospital until 3/23/11.</p> <p>There was no documentation in the record that the resident was transferred to the hospital on 3/16/11.</p>				<p>business day for accompanying Fall Circumstance, Assessment and Intervention form. This is part of daily (Monday - Friday) clinical team meetings and will be ongoing. Trends will be brought to monthly QA for recommendations as necessary.</p>		

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	<p>Interview with the ADON on 4/13/11 at 2:30 p.m. indicated the resident was sent to the hospital after the fall. She provided a copy of the facility's "Accident/Incident Report" that was dated 3/16/11. She indicated the report was not a part of the resident's clinical record. Review of the "Accident/Incident Report" indicated the resident had fallen and there was blood on the right side of her mouth, the resident was slow to respond. The ambulance company was called for transport to the emergency room.</p> <p>There was no documentation in the clinical record that indicated the resident fell. There was no documentation in the clinical record that the resident's status was assessed after the fall. There was no documentation in the clinical record related to the status of the resident upon discharge to the hospital.</p> <p>The policy titled, "Falls Management Program Guidelines" was provided by the ADON on 4/14/11 at 12:00 p.m. She indicated the policy was current. The policy indicated that should a resident fall the attending nurse should complete the "Fall Circumstance and Reassessment."</p> <p>Interview with the ADON on 4/14/11 at 11:00 a.m. indicated there was no documentation in the record of the</p>						

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	resident's fall, the assessment of the resident after the fall and the status of the resident upon discharge to the hospital. She also indicated the "Fall Circumstance and Reassessment" form was not completed.  This State Residential finding relates to Complaint IN00087805.						